

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3420HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2010
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 5400 SOUTH RAINBOW BLVD LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 27469 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 1/5/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023511 was substantiated with deficiencies cited. (See Tag S0300) Complaint #NV00023313 was substantiated with no deficiencies cited. Complaint #NV00024061 was substantiated with deficiencies cited. (See Tag S0160) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 160 SS=D	NAC 449.337 Dietary Requirements 1. A hospital shall provide each patient with a nourishing, palatable, well-balanced diet that meets the daily nutritional and dietary needs of the patient. This Regulation is not met as evidenced by: Surveyor: 27286 Based on observation and interview the facility failed to provide a diet of a palatable temperature that was warm enough to meet the dietary needs of the patient. (Patient #1) Severity: 2 Scope: 1	S 160		
S 298 SS=D	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing	S 298		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 298	Continued From page 1 services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Surveyor: 27469 Based on staff interview and medical record review, the facility failed to provide Provigil as ordered by the physician for Patient #1. Severity: 2 Scope: 1	S 298			

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